



City of Gunnison Building Office
201 W. Virginia Ave., PO Box 239, Gunnison, CO 81230
Phone # (970) 641-8151 Fax # (970) 641-8156

BUILDING PERMIT APPLICATION

Contact Information	Owner Mailing	Name		Provide if applicable:			
		Address					
		City	State/Zip	Contractor	Name		
		Phone #	Cell#		Address		
	Job Site Address	Street address:		Architect / Engineer	City		State/Zip
		Legal Description			Phone #		Cell#
Addition		Name					
Lot No.		Blk.	Address				
Assessor Parcel No:		City			State/Zip		
				State License			
Permit Type	A. Action(s) Requested:			B. Mechanical/ Fuel Gas Permit Only			
	Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Garage <input type="checkbox"/> Addition <input type="checkbox"/>			Type of appliance:			
	New <input type="checkbox"/> Remodel <input type="checkbox"/> Storage <input type="checkbox"/> Other <input type="checkbox"/>			Cost of installation: \$			
	Manufactured Home <input type="checkbox"/> Certificate of Occupancy only <input type="checkbox"/>			Description of Work Requested /Comments:			
	Installation / Replacement of Mechanical Unit only <input type="checkbox"/> (Complete Section B)						
Building Type	Brief description of project.			Construction Type:			
				<input type="checkbox"/> Standard wood framing, trusses, concrete foundation <input type="checkbox"/> Metal framing, concrete foundation <input type="checkbox"/> Block building <input type="checkbox"/> Manufactured <input type="checkbox"/> Alternative (describe)			
Planning & Zoning Information	Change of Use Information: Will the use of the structure change as a result of the project? <input type="checkbox"/> No <input type="checkbox"/> Yes			Zone District: R-1, R1M, R-2, R2M, R3, C, CBD, I, B-1, PUD			
				Side Yard Setback :		Height:	
	Explain:			Rear Yard Setback:		Area of Lot:	
	Is the property governed by a Homeowner's Association (HOA)? <input type="checkbox"/> No <input type="checkbox"/> Yes - Provide a copy of Architectural Review Approval			Landscape Plan: No <input type="checkbox"/> Yes <input type="checkbox"/> (Attach Plan)			
				Storm Drain Plan: No <input type="checkbox"/> Yes <input type="checkbox"/> (Attach Plan)			
Valuation & Square Footage	Estimated cost of the project. (Include material and labor)			Total square footage (SF) of structure*:			
	Owner's Valuation: \$			Residential SF*		Porch/ Deck SF	
	For manufactured buildings, include cost of foundation and cost of unit: \$			Garage SF		Commercial SF*	
				*exterior dimensions of building (excluding garage and porches) for each floor			
Signature	Notice: Separate State issued permits are required for electrical and plumbing work. From the date of building permit issuance, the applicant has 180 days to commence work before the permit expires. By signing this application the applicant(s) acknowledges that the information provided above is true and correct and hereby agrees to comply with all provisions of laws, codes and ordinances governing this type of work and assumes responsibility for compliance with the approved plans.						
	Date	Applicant Name (Printed)			Applicant Signature		
For Office Use Only	Building Code Construction Type: VB <input type="checkbox"/> Other: _____					Date Received:	
	Occupancy: R3 <input type="checkbox"/> Other: _____						
	Flood Plain: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes - provide Elevation Certificate						
	Plan Review Complete <input type="checkbox"/>						
	Building Office Approval: _____						
	BUILDING PERMIT # _____						
Date Paid/Issued: _____							